

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7194</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>LEONARD A JENNINGS</u> P.O. Box, Bldg., Room No., if any <u>Apt 4C</u> Street <u>10617 East 98th Terr</u> City <u>KANSAS CITY</u> State <u>Missouri</u> ZIP Code + 4 <u>64134</u>	4. Name, file number, and address of labor organization. Name <u>CONSTRUCTION &amp; General Laborers Union #264</u> Labor Organization File Number <u>018-798</u> P.O. Box, Building and Room Number, if any <u>Suite 103</u> Street <u>1101 East 87th Street</u> City <u>KANSAS CITY</u> State <u>Missouri</u> ZIP Code + 4 <u>64131</u>
5. Position in labor organization. <u>Field Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Leonard Jennings

On

8/10/05  
Date

816-361-1000 ext: 26

Telephone Number

Name of Person Filing <u>LEONARD A. JENNINGS</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name W. M. & Ks. GKC Laborers Apprentiship P.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8944 KAW DRIVE

City KANSAS CITY

State KANSAS ZIP Code + 4 66111

11.a. Nature of such dealing.

*As an officer of #264, I attended along with my wife the Apprentiship Graduation Dinner which was held 6/04*

*657.00 x 2 = 1114.00*

11.b. Approximate dollar value of such dealing.

1114.00

12.a. Nature of interest held or income received.

12.b. Amount.

0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name ARNOLD, NEWbold, Winter + JACKSON, P.C

Trade Name, if any: LAW OFFICE

P.O. Box, Bldg., Room No., if any Suite 1600

Street 1125 GRAND BOULEVARD

City KANSAS CITY

State Missouri ZIP Code + 4 64106

14.a. Nature of payment.

*Christmas Gift 12/04*

*Gift certificate for \$50.00*

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$50.00